



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

						FILE NUMBER
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →						
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name Dotson		First Name Jesse		Middle Name Charles	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 6012 Twyckenham Dr.				5. FAX (Optional)		6. E-mail Address (Optional)
7. City Lawrence	State IN	ZIP Code 46236	8. County Marion	9. Telephone (Day)	10. Telephone (Evening) (317) 701-1212	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Lawrence Common Council At Large		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Committee to Elect Jesse Dotson						
14. Mailing Address <input type="checkbox"/> Check if this is a new address 6012 Twyckenham Dr.				15. FAX (Optional)		16. E-mail Address (Optional)
17. City Lawrence	State IN	ZIP Code 46236	18. County Marion	19. Telephone (317) 701-1212	20. Committee Organization Date (MM-DD-YY) 2-4-15	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Jesse Dotson						
22. Mailing Address <input type="checkbox"/> Check if this is a new address 6012 Twyckenham Dr.				23. FAX (Optional)		24. E-mail Address (Optional)
25. City Lawrence	State IN	ZIP Code 46236	26. County Marion	27. Telephone (Day) (317) 701-1212	28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Huntington Bank						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)						
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Keith Johnson		Signature of the Committee Chairperson <i>Jesse Dotson</i>	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Keith Johnson						
34. Mailing Address <input type="checkbox"/> Check if this is a new address 5880 N New Jersey St.				35. FAX (Optional)		36. E-mail Address (Optional)
37. City Indianapolis	State IN	ZIP Code 46220	38. County Marion	39. Telephone (Day)	40. Telephone (Evening) 812 219-2698	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)						
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment <i>Keith Johnson</i>		
SECTION E. CERTIFICATION OF STATEMENT						
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.						
42. Typed or Printed Name of Chairperson Jesse Dotson		Signature of Chairperson <i>Jesse Dotson</i>		Date (MM-DD-YY) 2-4-15		
43. Typed or Printed Name of Candidate Jesse Dotson		Signature of Candidate <i>Jesse Dotson</i>		Date (MM-DD-YY) 2-4-15		
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17 and IC 3-9-4-18).						

FOR OFFICE USE ONLY

Myra A. Eldredge

FEB 04 2015

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